

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X		
1. Article Addressed to:			ory address below	
	1	3. Service Type Certified Mail Registered Insured Mail Restricted Deliver	□ C.O.D.	Yes
Article Number (Transfer from service label)	7007 2680	0003 300F	5935	
PS Form 3811, February 2004 Domestic Return Receipt				102595-02-M-1540